

# Foster Family Home - Deficiency Report

Provider ID: 1-210080

Home Name: Juliet Calantoc, NA

Review ID: 1-210080-6

1108 Kukila Place

Reviewer: Po Lim

Honolulu

HI 96818

Begin Date: 8/30/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 8/30/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.4. No current disclosure form present for CG# 1. Not up to date.

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG# 1.

41.(b)(8) CCFFH did not have evidence of current CPR/AED/First Aid training for CG# 2.

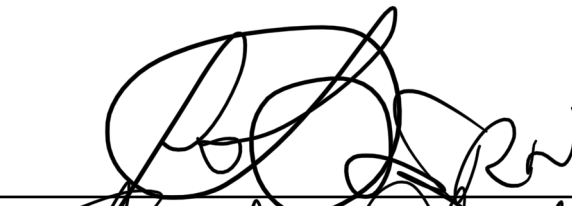
CCFFH did not have evidence of current Bloodborne Pathogen/Infection control training for CG# 1.


## Foster Family Home Insurance Requirements [11-800-51]

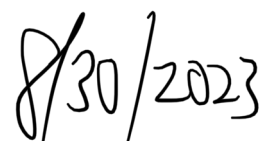
51.(a)(1) General;

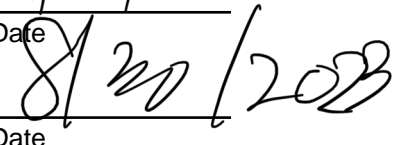
Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG# 2 is not included on the policy.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date